

Montana Department of Health and Human Services

STAPH Infection Guidelines

Fall 2007

The Montana Department of Health and Human Services Communicable Disease Control and Prevention Bureau prepared the following guidelines for the control and prevention of STAPH infections. For additional information about prevention of this or other communicable disease, contact Bonnie Barnard at DPHHS, 444-0274 and by email at BBarnard@mt.gov.

Prevention guidance for MRSA in specific settings

Schools

MRSA is a pathogen that knows no age boundaries. In 2006, the Montana Communicable Disease Control and Prevention Bureau received reports of students in Elementary, Middle, and High School students with MRSA. **Any infection or draining wound could pose a threat to others.** When a student with a SSTI is in the classroom, certain infection control measures should be in place. These measures include, but may not be limited to:

Evaluate : The school nurse or physician should take an active role in evaluating students who complain of painful skin lesions, including lesions that resemble a “bug bite,” or other pustule skin lesion that appears to be infected. Any unusual skin lesion or other draining wound is potentially infectious to others and infection control measures should be in place to prevent the spread of infection (see following prevention strategies).

Refer: When a SSTI is suspected, students should be referred to their primary care provider for evaluation and treatment. (Those infected with MRSA should follow their healthcare provider’s treatment plan, including completing antibiotic therapy, if an antibiotic was prescribed.)

Communicate: Following the medical evaluation, the student or parent should be asked to provide verification of the healthcare provider’s treatment plan to school officials. If a cluster or “outbreak” (see **Section V**) of MRSA is suspected within the school setting, school officials may want to contact the local public health department for consultation. Montana schools may consider developing policies related to MRSA infected students and related to prevention of skin infections in individuals participating in sports. Establishing a written procedure and schedule for routine surface cleaning of shared athletic equipment is also recommended. For assistance with policy development, contact the local public health department or the Montana Communicable Disease Control and Prevention Bureau at (406) 444-0273 for consultation.

Prevention strategies: It should be emphasized with school staff, parents, and students that hand washing is the single most important behavior in preventing the

transmission of infectious disease. Hands should be washed for at least 15 seconds with soap and warm water OR an alcohol based hand sanitizer (at least 60% ethyl alcohol) may be used if hands are not visibly soiled and when washing with soap and water is impractical or unavailable.

- Pus from infected wounds can contain bacteria, including MRSA, and spread the bacteria to others. Bandages should be disposed in a manner such that others would not have contact with the drainage (e.g., in a closed baggie).
- In situations in which open wounds cannot be kept covered, consider temporary exclusion from the school until the wound has healed or drainage can be contained.
- Practicing good basic hygiene. The infected student, medical staff, sport team staff, and anyone expected to have contact with the infected student must be diligent with hand hygiene. To this end, ensure availability of adequate soap and warm water. Advise the MRSA infected student and all those who might have contact with the infected wound or wound dressing to thoroughly wash their hands using soap and warm water or use an alcohol based hand sanitizer (if hands are not visibly soiled) immediately after contact. In addition, emphasize the importance of good hygiene overall, including showering and washing with soap after all practices and competitions.
- Clean potentially contaminated surfaces carefully with a disinfectant or a bleach solution after caring for the wound. A 1:100 solution of diluted household chlorine bleach (2.5 Tablespoons bleach in 1 gallon of water) can be used for nonporous surfaces (See Appendix A).
- Ensure that frequently touched surfaces (e.g. counters, desks, and computers) are cleaned at least daily with a disinfectant solution.

MRSA colonized students in the classroom

Children colonized with MRSA should not be excluded from the classroom.

The reasons for this recommendation include:

- Since the prevalence of MRSA is increasing in the community, it is likely that there are colonized students in the classroom who are not aware that they harbor the organism. Thus, excluding a child known to be colonized with MRSA would be relatively
- The risk for acquisition of MRSA in the school setting by children, including those who are medically or developmentally challenged, is no greater than the risk of contracting a skin infection caused by other pathogens. The overall risk of infection from MRSA in the school setting will not be appreciably increased when children who are colonized with MRSA are admitted. The risk will not be appreciably decreased when colonized children are excluded. However, exclusion will adversely affect the children that may be colonized by depriving them of an education, without benefiting the children already present in the setting.

Athletic settings

MRSA infections are increasingly being identified in participants in club, high school, collegiate, and professional athletics. These infections are usually associated with contact sports such as wrestling and football. Athletes with MRSA infections have been reported in Montana sports teams at the collegiate and high school levels. Although the incidence of MRSA infections in Montana athletic teams is unknown, it is expected to increase in the future as it has in other portions of the United States. These recommendations have been adapted from the Texas Department of State Health Services “Information on Staphylococcal Infections for School Athletic Departments”.

Evaluate: Athletes should be encouraged to report skin lesions to coaches, athletic trainers, or other team staff. These individuals should take an active role in evaluating athletes who complain of painful skin lesions, including lesions that resemble “bug bites” or other pustule skin lesion that appears to be infected. Any unusual skin lesion or other draining wound is potentially infectious to others and infection control measures should be in place to prevent the spread of infection.

Refer: When a SSTI is suspected, athletes should be referred to their primary care provider or team physician for evaluation and treatment. The athlete with a suspected SSTI should be removed from activities requiring direct contact with others until evaluated by a physician.

Communicate: Following the medical evaluation, the athlete should be asked to provide verification of the healthcare provider’s treatment plan to school officials. If a cluster or “outbreak” (see **Section V**) of MRSA is suspected within the athletic setting, team officials should contact the local public health department for consultation. It is also important for the athletic department, school administrators, and custodial staff to communicate with each other to ensure consistent wound care precautions and infection control strategies. Montana schools may consider developing policies related to MRSA infected athletes and related to prevention of skin infections in individuals participating in sports. Establishing a written procedure and schedule for routine surface cleaning of shared athletic equipment is also recommended. Contact the local public health department or the Montana Communicable Disease Control and Prevention Bureau for consultation.